

CARES/ACCESS Updates for April 22nd, 2017 DHS Income Maintenance Programs (Medicaid/BadgerCare Plus/FoodShare/Caretaker Supplement)

CARES

- The CWW System Error Enhancements that were delayed in January, 2017 will be implemented. See Operations Memo 17-02.
- HATS (confirmation access to the mainframe) will no longer be an option in CWW in August. To prepare for this, a link to Host on Demand (HOD) will be added to the Gateway page.
- To prepare for the transition from CCA to Genesys, enhancements are being made to the Print Application Registration and Generate Summary pages in CWW. Operations Memo 17-J3.
- Electronic correspondence at the individual (pin based level). Operations Memo 17-J4.
- SSI Members eligible for Community Waivers Group A and members eligible for QMB will now be part of the Administrative Renewal process. Operations Memo 17-J1.

Fixes

- Multiple CWW system errors (example below) were occurring when navigating to/from different pages (Expense Summary, Unearned Income Summary, Employment Summary, Asset Summary) in CWW for individuals. These in CWW have been fixed.

Exception Text:	java.lang.NullPointerException
Package/Class Name:	gov.wisconsin.cares.business.services.ExpensesEJBBean
Method Name:	getMedicalExpenses

- There was a problem where the same pin/MCI IDs (for the same person) were displaying on the Case Member History page. This was causing system errors requiring individual case fixes. This has been fixed.

The error created was either:

Primary Keys: T2292_TXIN_OUT_HH:

case_num=XXXXXXXXXXpin_num=XXXXXXXXXXhistory_seq_num=2 | Case
XXXXXXXXXX

Calling Class: gov.wisconsin.cares.business.services.IndividualDemographicsEJBBean

Calling Method: storeCurrentDemographics

Or CWW displayed this message:

It appears the information that was entered on the page already exists in the database. This may have either been caused by another user updating data at the same time or because of a system error. Please click on the return button to return to the CARES Worker Web home page. If you wish to continue work on the page that you were just on, please select your case from the 'Recent Cases/RFAs' section and use the menu to go to the desired page.

- A system error running eligibility caused by potentially several different entries in CARES has been fixed. The system error information is shown below.
Exception Text: com.ibm.websphere.ce.cm.StaleConnectionException: PROCEDURE PWP639SC.PWCSFDED (SPECIFIC NAME PWP639SC.PWCSFDED) HAS ABNORMALLY TERMINATED. SQLCODE=-430, SQLSTATE=38503, DRIVER=3.63.75
- CARES was incorrectly counting rental property managed less than 20 hours per week as earned income for EBD Medicaid and Caretaker Supplement (CTS). This has been fixed.

- As of 1/1/2010, child support is no longer countable income for CTS. CARES budgeted child support income incorrectly for CTS eligibility. This has been fixed.
- There was a problem when processing an expedited FS application on AA (interview waived) and when re-running the case, FS would not pend for interview. This has been fixed.
- CARES was not allowing dependent care expenses for a child not in the FS group as a deduction. This has been fixed.
- When MAGP was failing for someone the notice would incorrectly show that others on the case who were denied or closing for not being pregnant (including males). This has been fixed.
- Some TFS budgets were incorrectly showing a negative dollar amount in the budget. This has been fixed.

Gross Income Test	
Self Employment Earnings:	\$ —
Excess Self Employment Expenses:	—
Employment Earned Income:	+ 1,132.36
Gross Employment Earnings:	\$ 1,132.36
Unearned Income:	+ —
Deemed Income:	\$ —
W-2 Payment Amount:	+ —
W-2 Companion Case Amount:	+ -345.00
Caretaker Supplement Benefit Amount:	+ —
Other Unearned Income:	+ 345.00
SISS/SISE/CTS Recoupment:	—
Unearned Income:	\$ —

- A problem where W-2 was not being budgeted for FS cases when closing (ex: 554/077) and reopening has been fixed. Workers no longer have to enter the W-2 income when re opening FS. The processing for companion cases (Process Help 7.1) has not changed.

FoodShare

- New functionality for FoodShare benefit issuance, Operations Memo 17-17.
- Changes to ACCESS Application and CWW Priority Service Determination Page Operations Memo 17-18.
 - Note: with these changes, IM workers do not have to perform the workaround of updating the Priority Service page when a late expedited determination occurs. In other words, when a FS application changes from non-priority service to priority service, both the work item type and the due date will be updated once the worker initiates eligibility and goes past the Initiate Eligibility page.
- New functionality for processing DSNAP benefits and reports. Operations Memo 17-19.
- Six Month Report (SMRF) changes. Changes have been made to the SMRF to make it more clear for members to return the SMRF to the IM agency/CDPU. Members from returning their SMRFs to FNS. This was causing a delay in benefits due to the delay in FNS sending them to the State agency. Similar changes will be made to the paper SMRF, F-16076.


Headers added to every page

MILWAUKEE
MILWAUKEE ENROLLMENT SERVICES
6TH FLOOR
819 N 6TH ST
MILWAUKEE WI 53203

Mailing Date: 04/10/2017

000001
[REDACTED]
MILWAUKEE WI 53215

STATE OF WISCONSIN
 DEPARTMENT OF HEALTH SERVICES, Division of Medicaid Services
 F-16076A (04/2017)



State of Wisconsin

Case #: [REDACTED]

Milwaukee Enrollment Services
 Worker: [REDACTED]
 Phone #: 1-888-947-6583
 Fax #: (414) 438-4580
 Use fax # to send verifications.

You have the following options for completing and submitting your FoodShare Six-Month Report form:

1. Report your information **online** through your MyACCESS account:

- Go to access.wi.gov.
- Log in to your account.
- Click on "Six-Month Report" under Alerts.
- Follow the on-screen instructions.

Page 1 instructions updated

Note: If you do not have a MyACCESS account, you can go to access.wi.gov and create one.

2. Complete the enclosed paper form using the completion instructions on the following pages. Use the provided envelope to **mail** the form and any proof to the address listed in the gray box at the top of the form.
3. Complete the enclosed paper form using the completion instructions on the following pages. **Fax** the completed paper form and any proof to 1-855-293-1822 (if you do **not** live in Milwaukee County) or to 1-888-409-1979 (if you live in Milwaukee County). Be sure to fax both sides of the paper form.

If you need help completing your FoodShare Six-Month Report form, contact your agency using the contact information at the top of this page.

You may need to provide proof of some of your answers. See the instructions for each section for examples of proof you can provide. Your agency will contact you if you need to provide more proof.

Case: 4150900841

Date: 04/10/2017

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- The USDA Nondiscrimination Statement has been updated to include joint information for FS and HC. The USDA Nondiscrimination Statement has been updated to include joint information for FS and HC (on ACCESS applications, renewals and Program Add submissions),

USDA Joint Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: <https://www.ascr.usda.gov/how-file-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

SECTION 6 – SIGNATURE

Signature: Review all the information you provided, and sign and date the form.

Return the form to the agency that is listed on the form. An envelope has been provided for your convenience.

Checklist:

Signature page has been updated

- ☐ Make sure you answered all the questions.
- ☐ Remember to sign the form.
- ☐ Do not forget to send proof of your answers. For example, if reporting wages in Section 4 – Part B, include dated check stubs for the previous 30 days, an earnings report, or a statement from your employer.
- ☐ Either **mail** the completed form and any proof to the address listed in the gray box at the top of the first page of the form, or **fax** the form and proof to 1-855-293-1822 (if you do **not** live in Milwaukee County) or 1-888-409-1979 (if you live in Milwaukee County).

Note: If you are mailing your form, make sure you can see your agency's address through the window of the provided envelope.

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-16076 (04/2017)

SMRF form updated

SMRF

FOODSHARE SIX-MONTH REPORT

To avoid a delay in your FoodShare benefits, complete, sign and return this form by 05/08/2017

To : MILWAUKEE
MILWAUKEE ENROLLMENT SERVICES
6TH FLOOR
819 N 6TH ST
MILWAUKEE WI 53203

Case Number: 4150900841

Case Name: TRIBAL FSTEST
Worker Information
Name: NHIALEE YANG
ID: XCTC60
Phone:

You have the following options for completing and submitting your FoodShare Six-Month Report form:

- Online at access.wi.gov. Log on to your MyACCESS account and click on "Six-Month Report" under Alerts.
- By mail: Complete and return this form to the address above.
- By fax: Fax the completed paper form and any proof to 1-855-293-1822 if you do **not** live in Milwaukee County. If you live in Milwaukee County you can fax the completed paper form and any proof to 1-888-409-1979. Be sure to fax both sides of the paper form.

----- COMPLETE THIS FORM USING BLUE OR BLACK INK. PLEASE PRINT. -----